

Data Collection Questionnaire

1. LAST NAME:

(Cols. 1-13)

2. FIRST NAME:

(Cols. 14-21)

3. MIDDLE INITIAL:

(Col. 22)

4. MAIDEN NAME:

(Cols. 23-35)

5. TELEPHONE: _____

6. ADDRESS: _____

7. ZIP CODE:

(Cols. 36-40)

RACE: W _____ B _____ O _____ SEX: M _____ F _____ BIRTHDATE: Month _____ Day _____ Year _____

MARITAL STATUS: Never married _____ Married now _____ Other _____

How tall are you? _____ ft. _____ in. How much do you weigh now? _____ At age 21? _____

Have you ever smoked cigarettes? Yes/No _____

Do you now smoke cigarettes? Yes/No _____

How many cigarettes do or did you smoke a day? Cigarettes _____

Have you ever smoked cigars or a pipe? Yes/No _____

Do you now smoke cigars or a pipe? Yes/No _____

How many grades of school, including college, have you completed? Grades _____

Are you under treatment for high blood pressure? Yes/No _____

Are you under treatment for high cholesterol? Yes/No _____

How many hours has it been since your last meal? Hours _____

THANK YOU. PLEASE HAND THIS FORM TO THE NURSE.

Have you ever had cancer? _____ Yes/No _____

Which organ? _____

Where diagnosed? _____ In 19 _____

L.M.P. days _____

O.C. _____ years _____

O.H. _____ years _____

O.M. 1. _____

2. _____

3. _____

4. _____

5. _____

CLUE II NUMBER HERE

BP _____ / _____

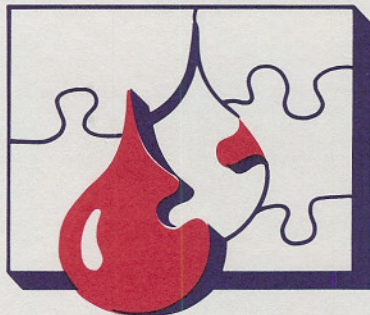
Code

Hour _____ AP

Code

Date _____

OPERATION CLUE II



Give Us A Clue

Campaign Against Cancer And Heart Disease

Sponsors: American Cancer Society, Washington County Unit; Johns Hopkins University; Maryland Department of Health & Mental Hygiene; Washington County Commissioners; Washington County Health Department; Washington County Medical Society; Western Maryland Center.

"To find out if certain substances in blood appear before the onset of cancer and other important diseases, it is necessary to obtain less than an ounce of blood from as many persons as possible in Washington County, MD. The blood components will be separated and stored in a freezer, to be withdrawn at a later date as needed for appropriate tests. Blood drawing is sometimes associated with bruising or pain at the site from which blood is drawn, as well as occasional lightheadedness, and rarely, fainting.

"The information from these tests will be used only for medical research. No results or other information will be released that identify any individual person.

"I hereby consent to having less than an ounce taken from my arm and used for the above purposes."

Signed _____

Date _____

"I hereby give my consent to having less than an ounce of blood taken from the arm of _____."

Signed _____

Parent

Legal Guardian

Date _____